

SERIAL NUMBER 09/334,649	FILING DATE 06/17/99	CLASS 602	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. P3252-9003
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APPLICANT THOMAS J. HEINZ, FLINTRIDGE, CA; DAE SHIK PARK, FULLERTON, CA.

RECEIVED
DEC 20 1999
Group 3700

CONTINUING DOMESTIC DATA***
VERIFIED PROVISIONAL APPLICATION NO. 60/089,707 06/18/98

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371 (NAT'L STAGE) DATA***

VERIFIED

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FOREIGN APPLICATIONS***

VERIFIED

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/13/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 2
Verified and Acknowledged		Examiner's Initials	Initials		

ADDRESS	MIKAI DO MARMELSTEIN MURRAY & ORAM LLP METROPOLITAN SQUARE 655 FIFTEENTH STREET NW SUITE 330-G STREET LOBBY WASHINGTON DC 20005-5701
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TITLE	CUSTOM FITTED ORTHOTIC DEVICE
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FILING FEE RECEIVED \$580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/334,649	FILING DATE 06/17/99	CLASS 602	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. P3232-9003
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APPLICANT THOMAS J. HEINZ, FLINTRIDGE, CA; DAE SHIK PARK, FULLERTON, CA.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/089,707 06/18/98

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/13/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 35 42	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS 13 ~~NIKAIDO MARTELSTEIN MURRAY & ORAM LLP~~ ~~METROPOLITAN SQUARE~~ ~~655 FIFTEENTH STREET NW~~ ~~SUITE 330-C STREET LOBBY~~ ~~WASHINGTON DC 20005-5701~~
 DRENT Fox KIMNER PLOTKIN & KORN PLLC
 1050 CONNECTICUT AVENUE, N.W., SUITE 600
 WASHINGTON, DC 20036-5339
 202-857-6000 638-4810

TITLE CUSTOM FITTED ORTHOTIC DEVICE

FILING FEE RECEIVED \$580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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